

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	429018
<015> Study Area Name	Global Connection Inc of America
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Edward Smith
<035> Contact Telephone Number: Number of the person identified in data line <030>	6787416270 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	Esmith@GCIOA.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.15	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

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<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416270 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmitth@GCTOA.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>
	If your answer to line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>
<p>If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.</p>			
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	<div></div>	
<p>Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.</p>			
<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>	
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>	
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>	
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>	
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>	

Name of Attached Document

429018

Study Area Name
<015>

Global Connection Inc of America

Program Year	<020>
--------------	-------

2015

<030> Contact Name - Person USAC should contact regarding this data

Edward Smith

<035> Contact Telephone Number - Number of person identified in data line <030>	6 / 8 / 4162 / 0 ext.

<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@gCIOA.com
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Esmith@GCIOA.com

<220>	<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
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[illegible]

<010>	Study Area Code	429018
<015>	Study Area Name	Global Connection Inc of America
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416270 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Bsmith@GCI0A.com
<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

429018

<015>	Study Area Name
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Global Connection Inc of America

$\langle 020 \rangle$	Program Year
1	2019
2	2020
3	2021
4	2022
5	2023
6	2024
7	2025
8	2026
9	2027
10	2028
11	2029
12	2030

2015

<030> Contact Name - Person USAC should contact regarding this data

Edward Smith

<035> Contact Telephone Number - Number of person identified in data line <030>

618/416210 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>	EsmitheGCIOA.com
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Esmith@GCIOA.com

[illegible]

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<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416270 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmitth@GCIOn.com
<810>	Reporting Carrier	Global Connection Inc. of America
<811>	Holding Company	Global Connection Holdings Corporation
<812>	Operating Company	N/A

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

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<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416270 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmlth@GCIOA.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

Select
(Yes,No,
NA)

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

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<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	678/416270 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmitlh@GCI.OA.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416270 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmithe@GCI0A.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	429018mo1210.docx
<1220>	Link to Public Website	HTTP Name of Attached Document

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCS receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

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<035>	Contact Telephone Number - Number of person identified in data line <030>	6787416270 ext. -
<039>	Contact Email Address - Email Address of person identified in data line <030>	Emi1th@GCI0A.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>
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Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
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<039>	Contact Email Address - Email Address of person identified in data line <030>	esmith@gc10a.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	<div></div>
(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii). The carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<div></div>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	<div></div>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input checked="" type="checkbox"/> <input type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input checked="" type="checkbox"/> <input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<div></div>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div></div>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div></div>
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No) <input checked="" type="checkbox"/> <input type="checkbox"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	<div></div>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div></div>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<div></div>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:	<div></div>
(3023)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.	<div></div>
(3024)	Underlying information subjected to a review by an independent certified public accountant	<div></div>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<div></div>
(3026)	Attach the worksheet listing required information	<div></div>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	429018
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<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<030> Contact Name - Person USAC should contact regarding this data	Edward Smith
<035> Contact Telephone Number - Number of person identified in data line <030>	6787416270 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOA.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Expert Telecom Compliance Inc</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Expert Telecom Compliance Inc</u>
Name of Reporting Carrier:	<u>Global Connection Inc of America</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2014</u>
Printed name of Authorized Officer:	<u>Edward Smith</u>
Title or position of Authorized Officer:	<u>Chief Financial Officer</u>
Telephone number of Authorized Officer:	<u>6787416246 ext.</u>
Study Area Code of Reporting Carrier:	<u>429018</u> Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>Global Connection Inc of America</u>
Name of Authorized Agent or Employee of Agent:	<u>Expert Telecom Compliance, Inc.</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2014</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Heather Kirby</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Regulatory Specialist</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>7702327805 ext.</u>
Study Area Code of Reporting Carrier:	<u>429018</u> Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	423018
<015>	Study Area Name	Global Connection Inc of America
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<030>	Contact Name - Person USAC should contact regarding this data	Edward Smith
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Esmith@GCIOfA.com
<810>	Reporting Carrier	Global Connection Inc. of America
<811>	Holding Company	Global Connection Holdings Corporation
<812>	Operating Company	N/A

[illegible]

**Global Connection Inc. of America d/b/a
Stand Up Wireless**

Lifeline Rate Plans

Terms & Conditions maintained at www.StandUpWireless.com

Subsidized (Lifeline) Rate Plans

Plan Name	Voice Minutes Included in Plan	SMS text Messages Included in Plan	Unused Minutes Rollover	Unused SMS Rollover	Voicemail Caller ID Call Waiting 3-way Call Included	Nationwide Long Distance Included	Cost per Month
StandUP 100	100	100	Yes	Yes	Yes	Yes	FREE
StandUP 250	250 Units ¹		No	No	Yes	Yes	FREE
StandUP 500	500	500	No	No	Yes	Yes	\$14.95
StandUP1000	1000	1000	No	No	Yes	Yes	\$29.95
StandUP Unlimited	Unlimited	1000	No	No	Yes	Yes	\$34.95

¹One unit equals one voice minute or one SMS

Additional Airtime

At this time additional credits may be purchased at the rate of:

\$5.00 for 40--50 credits
\$10.00 for 100 credits
\$20.00 for 250 credits
\$30.00 for 500 credits
\$50.00 for 1000 credits